-PLEASE TYP Ms./Artist ☐ Mr./Artist Permanent Daytime Tel. ( Temporary or Studio Address Street City Daytime Tel. ( Zip If you do not presently live in one of the counties of the Western Reserve, in which county where you born?\_ Collaborator (if any) \_ If May Show entries are not accepted or are not sold: Artist will pick up at Museum. Museum should dispose of. ☐ Museum should ship to artist at artist's expense: Street City State Zip **Special Instructions** Entry Blank must be completed in full and signed; forms received unsigned will not be accepted. When necessary, include instructions or a drawing for assembling and displaying an object. Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until May 31, 1987. The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein. Signature 4 I have received the unsold/unaccepted object(s) in good condition.

## **ENTRY BLANKS**

Detach entire portion along dotted line and submit with slides, but retain tags

1987 MAY SHOW The Cleveland Museum of Art Cleveland, Ohio 44106



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Bette	Duch	ee	
Name			1. /
1303	West	11000	7
Address		61	
Cles	eland,	Ch.	44102
City & State			Zip

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Do Not Detach

L	7

- □ Paintings□ Sculpture
- ☐ Graphics
- ☐ Graphics ☐ Photography

Title

LUSTER BOWL # 1

DO NOT WRITE IN THIS SECTION	ACCEPTED	NOT ACCEPTED
50 P/P		X

- B
- □ Paintings□ Sculpture
- ☐ Graphics
  ☐ Crafts
- ☐ Photography

Title

LUSTER BOWL #2

DO NOT WRITE IN THIS SECTION	ACCEPTED	NOT ACCEPTED
51%	7	

Return of Objects Not Accepted: April 14-18 Accepted: June 9-13

It is understood that the Museum shall have the right to dispose for its own account any object not called for by the dates listed.